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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application No.	10/678,899	
	Filing Date	October 2, 2003	
	First Named Inventor	Joseph Consolini	
	Art Unit	1734	
	Examiner Name	Edwards, Laura Estelle	
Total Number of Pages in This Submission	13	Attorney Docket Number	6601P033

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Neal Berezny, Reg. No. 56,030 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Neal Berezny</i>
Date	9-28-06

CERTIFICATE OF MAILING/TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Typed or printed name	Carrie Boccaccini
Signature	<i>Carrie Boccaccini</i>
Date	September 28, 2006



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

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Examiner Name	Edwards, Laura Estelle
Art Unit	1734
Attorney Docket No.	6601P033

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 120.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

1. EXTRA CLAIM FEES

		Extra Claims		Fee from below	Fee Paid					
Total Claims	<table><tr><td>17</td><td>27*</td></tr></table>	17	27*	<table><tr><td>0</td></tr></table>	0	x	<table><tr><td>50.00</td></tr></table>	50.00	<table><tr><td>\$0.00</td></tr></table>	\$0.00
17	27*									
0										
50.00										
\$0.00										
Independent Claims	<table><tr><td>2</td><td>4*</td></tr></table>	2	4*	<table><tr><td>0</td></tr></table>	0	x	<table><tr><td>200.00</td></tr></table>	200.00	<table><tr><td>\$0.00</td></tr></table>	\$0.00
2	4*									
0										
200.00										
\$0.00										
Multiple Dependent										

Large Entity	Small Entity
Fee Code	Fee Code
Fee (\$)	Fee (\$)
1202 50	2202 25
1201 200	2201 100
1203 360	2203 180
1204 790	2204 395
1205 300	2205 150

Fee Description
Claims in excess of 20
Independent claims in excess of 3
Multiple Dependent claim, if not paid
**Reissue independent claims over original patent
**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1)	(\$)	0.00
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**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet.	
2053 130	2053 130	Non-English specification	
1251 120	2251 60	Extension for reply within first month	120.00
1252 450	2252 225	Extension for reply within second month	
1253 1,020	2253 510	Extension for reply within third month	
1254 1,590	2254 795	Extension for reply within fourth month	
1255 2,160	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 500	Request for oral hearing	
1451 1,510	2451 1,510	Petition to institute a public use proceeding	
1460 130	2460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)			
SUBTOTAL (2)		(\$)	120.00

SUBMITTED BY

Name (Print/Type)	Neal Berezny	Registration No. (Attorney/Agent)	56,030	Telephone	(408) 720-8300
Signature	Neal Berezny	Date	9-28-06		